RILEY COUNTY PLANNING & DEVELOPMENT

110 Courthouse Plaza MANHATTAN, KS 66502 (785) 537-6332, EXT. 7505

APPLICATION: REPAIR WASTEWATER SYSTEM

Log #
Date rec'd
Receipt #
Pd: check#
cash
\$75.00 fee

I, wastewater disposal described as follows	system to serve a	bedroom family dw	, apply to repai velling which is or will	r or modify a private be located on a tract
Repair address:	(Street)	(Cit		(Tin Code)
I agal Decemention (a	(Street) opy may be attached): _	•	• •	(Zip Code)
Legal Description (c	opy may be attached): _			Lot size:
Directions to proper	ty:			
Mailing address:				
J	(Street)	(Cit	y/State)	(Zip Code)
Home Phone	Work P	Phone	Cell Phone	
Email address:				
Name of licensed ins	taller:			
Cause of failure:				
I hereby certify the i	information on this appli	cation is true and corr	ect to the best of my k	nowledge and belief.
Date:	Signat	ture of applicant:		
				ith conditions and/or remarks
-				
	PRIVATE WASTE	WATER DISPOSAL	SYSTEM USE PE	RMIT
Final construction	is approved and perm	it is hereby issued thi	is day of	······································
by:			_	
Y:\Forms\Enviromental\Fil	lable PDFs This form expir	es one year after issue.		

This form expires one year after issue.